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<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 0;">(to be used for all correspondence after initial filing)</p> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 8px;">PATENT & TRADEMARK OFFICE</div> <div style="text-align: center;"> <p style="font-size: 12px;">AUG 05 2002</p> </div> </div>		Application No.	10/088,928
		Filing Date	March 20, 2002
		First Named Inventor	Michel Barthes
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	20	Attorney Docket Number	15675P397

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Prior Art References Rapport De Recherche Preliminaire; Traite De Cooperation En Matiere De Brevets; Form 1449; return postcard </div>
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20%; padding: 2px;">Remarks</div> <div style="text-align: center;"> <p style="font-size: 1.5em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.2em;">AUG - 8 2002</p> <p style="font-size: 0.8em;">TECHNOLOGY CENTER</p> </div> </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	7/29/02

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I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on:			
Typed or printed name	Melissa Stead		
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FEES TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	10/088,928
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	March 20, 2002
		First Named Inventor	Michel Barthes
		Examiner Name	
TOTAL AMOUNT OF PAYMENT (\$)		Group/Art Unit	
		Attorney Docket No.	15675P397

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account		3. ADDITIONAL FEES																																											
Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP																																													
The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account																																													
1. BASIC FILING FEE																																													
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>201</td><td>740</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>206</td><td>330</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>207</td><td>510</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>208</td><td>740</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>214</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$)</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	101	201	740	370	Utility filing fee		106	206	330	165	Design filing fee		107	207	510	255	Plant filing fee		108	208	740	370	Reissue filing fee		114	214	160	80	Provisional filing fee		SUBTOTAL (1)					(\$)		
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* Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)																																											

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139
Signature		Telephone	(310) 207-3800
		Date	7/29/02

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